



TIANA DICK, BM, MTA, MT-BC
Board Certified Music Therapist

I would like to welcome you to Island Aria Music Therapy, and thank you for choosing and welcoming me into your family/organization. It is my goal to provide you with outstanding services, support, and communication, regarding your specific client needs. I will provide an environment that is sincere, well informed, and enjoyable.

CLIENT NAME:	PRONOUNS:	DATE OF BIRTH:	
ADDRESS:	CITY:	POSTAL CODE:	
PHONE:			
EMAIL:			
NAME OF PERSON COMPLETING FORM:		DATE:	
RELATIONSHIP TO CLIENT:			
WAS YOUR REFERRAL FROM A MEDICAL/ THERAPY PROFESSIONAL?		IF YES, WHO?	
IF NOT REFERRED, HOW DID YOU HEAR ABOUT ISLAND ARIA?	WEBSITE OTHER:	FRIEND	SOCIAL MEDIA
WHAT ARE YOUR GOALS IN WORKING WITH A MUSIC THERAPIST?			

CONTACTS:			
PARENT OR GUARDIAN NAME:		MARITAL STATUS:	
ADDRESS:	CITY:	POSTAL CODE:	
PHONE:			
EMAIL:			
DOES CLIENT HAVE A CASE MANAGER:			
NAME:	PHONE:	BEST TIME TO REACH:	



CONTACT INFO:
Phone: 250-327-9640
Website: www.islandaria.ca
Email: islandariamt@gmail.com





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CLIENT DETAILS:

HAS THE CLIENT EVER BEEN TO MUSIC THERAPY BEFORE?

IF YES, EXPLAIN:

HAS THE CLIENT EVER TAKEN MUSIC LESSONS BEFORE OR PARTICIPATED IN A MUSIC PROGRAM?

IF YES, TELL ME MORE:

RELIGIOUS AFFILIATION:
(OPTIONAL FOR USE WHEN PICKING MUSIC MATERIAL)

HOLIDAYS CELEBRATED:
(INCLUDE DAYS LIKE HALLOWEEN IF YOU CELEBRATE IT)

WHAT IS THE CLIENT'S FAVOURITE TIME OF YEAR?

WHY?

DOES THE CLIENT HAVE SIBLINGS? IF YES, LIST NAME AND AGES?



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OTHER CURRENT THERAPIES:

LIST NAMES IF YOU CAN.

OCCUPATIONAL THERAPY:

PHYSICAL THERAPY:

SPEECH THERAPY:

THERAPEUTIC HORSEBACK RIDING:

OTHER:

PREVIOUS THERAPIES RECEIVED:

HOW LONG AGO?

SAFETY:

HAS THE CLIENT EVER DISPLAYED AGGRESSION TOWARDS PEOPLE?:

HAS THE CLIENT EVER DESTROYED PROPERTY?

IF YES, WHAT ARE SOME THINGS I SHOULD KNOW TO HELP FOSTER A SAFE ENVIRONMENT FOR THE CLIENT?

ARE THERE ANY PRECAUTIONS THAT SHOULD BE TAKEN WITH THE CLIENT IN REGARDS TO PERSONAL SAFETY?: IF YES, PLEASE EXPLAIN:

ADDITIONAL COMMENTS:

PARENT/GUARDIAN NAME: (PRINT)

SIGNATURE:

DATE:



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